

MAY 25 1936

 MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

Do not use this space.

16228

## 1. PLACE OF DEATH

 County Oregon  
 Township Thayer  
 City (No. ....)

 Registration District No. 632  
 Primary Registration District No. 5834

 File No. ....  
 Registered No. 11 St. .... Ward)
2. FULL NAME Richard Springstead

(a) Residence, No. .... St. .... Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

 Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

 3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mattie Mathieson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-4-1864
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
71 5 1

 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.13. NAME James Springstead14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wis.15. MAIDEN NAME Mathieson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.17. INFORMANT (ADDRESS) Mattie Springstead

18. BURIAL, CREMATION, OR REMOVAL

 PLACE David Cyn. DATE 4/6 1936
19. UNDERTAKER (ADDRESS) Carson
 20. FILED April 6 1936 George Johnson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/5 1936
 22. I HEREBY CERTIFY, That I attended deceased from 4-3-36, 1936, to 4-5, 1936.
I last saw him alive on 4-5, 1936 Death is saidto have occurred on the date stated above, at 6:00 a m.

The principal cause of death and related causes of importance were as follows:

Hypertensive Heart Disease Date of onset  
Subarachnoid Hemorrhage 4-3-36

Other contributory causes of importance:

 Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? .....

 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) CWS, M. D.(Address) Thayer Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

